

## **OPEN ACCESS**

APPROVED BY
Frontiers Editorial Office,
Frontiers Media SA, Switzerland

\*CORRESPONDENCE
Oscar Arrieta

☑ ogar@unam.mx
Saé Muñiz-Hernández
☑ sayide@hotmail.com

RECEIVED 04 December 2025 ACCEPTED 05 December 2025 PUBLISHED 19 December 2025

### CITATION

Muñiz-Hernández S, Velázquez-Fernández JB, Díaz-Chávez J, Mondragón-Fonseca O, Mayén-Lobo Y, Ortega A, López-López M and Arrieta O (2025) Correction: STRA6 polymorphisms are associated with EGFR mutations in locallyadvanced and metastatic non-small cell lung cancer patients. Front. Oncol. 15:1760931.

Front. Oncol. 15:1760931. doi: 10.3389/fonc.2025.1760931

## COPYRIGHT

© 2025 Muñiz-Hernández, Velázquez-Fernández, Díaz-Chávez, Mondragón-Fonseca, Mayén-Lobo, Ortega, López-López and Arrieta. This is an openaccess article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

# Correction: STRA6 polymorphisms are associated with EGFR mutations in locally-advanced and metastatic non-small cell lung cancer patients

Saé Muñiz-Hernández<sup>1\*</sup>,

Jesús Bernardino Velázquez-Fernández<sup>2</sup>, José Díaz-Chávez<sup>3</sup>, Omar Mondragón-Fonseca<sup>1</sup>, Yerye Mayén-Lobo<sup>1,4</sup>, Alberto Ortega<sup>4</sup>, Marisol López-López<sup>4</sup> and Oscar Arrieta<sup>1,5</sup>\*

<sup>1</sup>Laboratorio de Oncología Experimental, Subdirección de Investigación Básica, Instituto Nacional de Cancerología, Ciudad de México, Mexico, <sup>2</sup>Unidad de Tecnología Ambiental, Centro de Investigación y Asistencia en Tecnología del Estado de Jalisco, Jalisco, Mexico, <sup>3</sup>Laboratorio de Carcinogénesis, Dirección de Investigación, Instituto Nacional de Cancerología, Ciudad de México, Mexico, <sup>4</sup>Laboratorio de Genética Molecular, Departamento de Sistemas Biológicos, Universidad Autónoma Metropolitana-Xochimilco, Ciudad de México, Mexico, <sup>5</sup>Unidad de Oncología Torácica, Instituto Nacional de Cancerología, Ciudad de México, Mexico

## KEYWORDS

non-small cell lung cancer, single nucleotide polymorphisms, stimulated by retinoic acid 6 (STRA6), genotype, retinol pathways

## A Correction on

STRA6 polymorphisms are associated with EGFR mutations in locallyadvanced and metastatic non-small cell lung cancer patients

By Muñiz-Hernández S, Velázquez-Fernández JB, Díaz-Chávez J, Mondragón-Fonseca O, Mayén-Lobo Y, Ortega A, López-López M and Arrieta O (2020) *Front. Oncol.* 10:579561. doi: 10.3389/fonc.2020.579561

In the published article, the legend of **Figure 1** did not specify the meaning of the circles on the Kaplan–Meier curves.

The caption for Figure 1 has been updated to read:

"Kaplan–Meier curves for progression-free survival depending on rs974456 expression. Circles on the Kaplan–Meier curves represent censored observations."

In the published article, the definition of progression-free survival (PFS) in the *Statistical Analysis* section was imprecise and could be interpreted as treating unacceptable toxicity and loss to follow-up as PFS events. In all survival analyses, however, PFS events consisted only of radiologic or clinical disease progression or death from any cause; patients who discontinued treatment due to unacceptable toxicity or were lost to follow-up were censored at the date of last disease assessment or last contact.

A correction has been made to the section *Statistical Analysis*, where the PFS definition previously read:

Muñiz-Hernández et al. 10.3389/fonc.2025.1760931

"PFS was defined as the time to an event from the date of initiating treatment until disease progression, unacceptable toxicity, death, or loss to follow-up."

The corrected text now reads:

"Progression-free survival (PFS) was defined as the time from the date of initiating treatment to radiologic or clinical disease progression or death from any cause, whichever occurred first. Patients without progression or death, including those who discontinued treatment due to unacceptable toxicity or were lost to follow-up, were censored at the date of last disease assessment or last contact."

The original version of this article has been updated.

# Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

